# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

ACANDIDATE / OFFICE USE ON Date Number   STATE; ZI   STATE; ZI   CAMPAIGN   TREASURER PHONE   AREA CODE PHONE NUMBER EXTENSION   TYPE   January 15   January 16   Date Potential Report (Attach Croft-Fix Prince)   Pierrice   Covered Control of Pierrice   Covered Covered Control of Pierrice   Covered Control of Pierrice   Covered Control of Pierrice   Covered Control of Pierrice   Covered Covered Control of Pierrice   Covered Control of Pierrice   Covered Control of Pierrice   Covered Control of Pierrice   Covered Covered Control of Pierrice   Covered Control of Pierrice   Covered Control of Pierrice   Covered Control of Pierrice   Covered Covered Control of Pierrice   Covered Control of Pierrice   Covered Covered Control of Pierrice   Covered Control of Pierrice   Covered Covered Control of Pierrice   Covered Cove	The C/OH Instruction	nstruction Guide explains how to complete th	1 Filer ID		2 Total pages filed:
OFFICE USE ON NAME  Jaquita  NICKNAME  LAST  Wilson  ADDRESS / PO BOX; APT / SUITE #; CITY; OFFICEHOLDER MAILING ADDRESS  Georgetown, TX 78626  Georgetown, TX 78626  ATTEMPTION NAME  CAMPAIGN TREASURER NAME  ADDRESS  CAMPAIGN TREASURER NAME  ADDRESS  TREASURER NAME  AND		The section of the complete the	iis ioiiii.		10
Wilson  ADDRESS / PO BOX; APT / SUITE #: CITY: ZIP CODE OFFICEHOLDER MAILING ADDRESS GEORGETOWN, TX 78626  GEORGETOWN, TX 78626  GEORGETOWN, TX 78626  GEORGETOWN, TX 78626  MS / MRS / MR FIRST MI DW CLIN C NICKNAME LAST SUFFIX  CAMPAIGN TREASURER NAME  CAMPAIGN TREASURER ADDRESS (Resultence or Business)  TAREASURER ADDRESS (Resultence or Business)  CAMPAIGN TREASURER ADDRESS (Resultence or Business)  TAREASURER ADDRESS (Resultence or Business)  TAREASURER ADDRESS  (Resultence or Business)  TAREASURER ADDRESS  (Resultence or Business)  TAREASURER ADDRESS  (Resultence or Business)  TAREASURER ADDRESS  (Resultence or Business)  TAREASURER ADDRESS  (Resultence or Business  TAREASURER ADDRESS  TAREASURER ADDRESS  TAREASURER ADDRESS  TAREASURER ADDRESS  TAR	OFFICEHOLDER	HOLDER		MI .	OFFICE USE ONLY  Date Received
OFFICE HOLDER MAILING ADDRESS Georgetown, TX 78626  Recept # Arrount Date Processed Date Imaged  CAMPAIGN TREASURER ADDRESS (No PO BOX PLEASE): APT / SUITE #; CITY; STATE; Zit ADDRESS (Residence or Business)  CAMPAIGN TREASURER ADDRESS (Residence or Business)  CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION TYPE  January 15 July 15 Sib day before election  Exceeded \$500 limit Final Report (Attach C/OH-PR)  PERIOD COVERED  Month Day Year O1/16/2018  THROUGH O3/26/2018  DELECTION DATE Month Day Year O5/05/2018  OFFICE  OFFICE  OFFICE OFFICE HELD (If any)  TYPE  Georgetown ISD Board of Trustee Place 7 To			***	SUFFIX	v u
CAMPAIGN TREASURER NAME  DUAINE  NICKNAME  LAST  SUFFIX  BOYDSTUN  CAMPAIGN TREASURER ADDRESS (Residence or Business)  CAMPAIGN TREASURER ADDRESS (Residence or Business)  CAMPAIGN TREASURER PHONE  CAMPAIGN TREASURER ADDRESS (Residence or Business)  CAMPAIGN TREASURER ADDRESS  REPORT TYPE  January 15  January 15  Sil day before election  Exceeded \$500 limit  Final Report (Attach C/OH-FR)  PERIOD COVERED  Month Day Year O1/16/2018  THROUGH  DISTRICT  DISTRICT  Date Incaped  D	OFFICEHOLDER MAILING	HOLDER 1031 Drovers Cove	TE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked  Receipt # Amount
CAMPAIGN TREASURER NAME  DUCINE  NICKNAME  LAST  SUFFIX  BOYDSTUN  CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT/SUITE#; CITY; STATE; ZI  TAGE INDEPLIES  (Resulence or Business)  CAMPAIGN TREASURER ADDRESS  (Resulence or Business)  AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE  S12  H31-4H12  REPORT TYPE  January 15 July 15 Bith day before election Exceeded \$500 limit Final Report (Attach C/OH-FR)  PERIOD COVERED  Month Day Year O1/16/2018  THROUGH  Month Day Year O1/16/2018  THROUGH  Month Day Year O1/16/2018  THROUGH  COFFICE  OFFICE  OFFICE  OFFICE  OFFICE  OFFICE HELD (If any)  TREASURER PHONE PIMARY  STATE; ZI  APT/SUITE#; CITY; STATE; ZI  TAGE IN THE  STAT	Change of Address	Georgetown, TX 78626			
TREASURER NAME  CAMPAIGN TREASURER ADDRESS (Residence or Business)  CAMPAIGN TREASURER ADDRESS (Residence or Business)  CAMPAIGN TREASURER ADDRESS (Residence or Business)  CAMPAIGN TREASURER PHONE  S12  H31- H12  REPORT TYPE  January 15  January 15  Sth day before election Exceeded \$500 limit Final Report (Attach C/OH-FR)  PERIOD COVERED  Month Day Year 01/16/2018  THROUGH  Month Day Year 05/05/2018  DELECTION DATE Month Day Year 05/05/2018  DELECTION DATE Month Day Year 05/05/2018  DELECTION DATE Month Day Year OS/05/2018  DELECTION DATE Month Day OS/05/2018  DELECTION DATE OS/05/2018  DELE					Date Imaged
NICKNAME  LAST  BOYDSTUN  STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZI  TREASURER ADDRESS  (Residence or Business)  CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE  S12  AREA CODE PHONE NUMBER EXTENSION  S12  AREA CODE Bith day before election  Runoff  January 15  S10  S11  S10 day after campaign treas appointment (officeholder only final Report (Attach C/OH-FR)  PERIOD COVERED  Month Day Year 01/16/2018  THROUGH  O3/26/2018  DELECTION  ELECTION DATE Month Day Year O5/05/2018  DELECTION  COFFICE  OFFICE  OFFICE  OFFICE  OFFICE  OFFICE  OFFICE  OFFICE  NOTH  COVERED  OFFICE  OFFICE  OFFICE  OFFICE  OFFICE  OFFICE  OFFICE  NOTH  COVERED  OFFICE  OF	TREASURER	RER ,		MI	
TREASURER ADDRESS  (Residence or Business)  CAMPAIGN TREASURER PHONE  CAMPAIGN TREASURER PHONE  S12  H31-4412  REPORT TYPE  January 15  Sth day before election  Exceeded \$500 limit  Final Report (Attach C/OH-FR)  PERIOD  COVERED  Month  Day  Year  01/16/2018  THROUGH  Month  Day  Year  05/05/2018  ELECTION TYPE  Month  Day  Year  O5/05/2018  DELECTION TYPE  Month  Day  Year  OFFICE  OFFICE HELD (If any)  DELECTION ISD Board of Trustee Place 7 E  Georgetown ISD Board OF Trustee P	,	NICKNAME LAST BOYD	STUN	SUFFIX	<u>.</u>
TREASURER PHONE    Siz	TREASURER ADDRESS	STREET ADDRESS (NO PO BOX F 722 Indep Georgto	please); AP rendence Cr wn, Tx	r/suite#; city; lek Ln. 78633	STATE; ZIP COD
TYPE  January 15  January 15  July 15  Sth day before election  Exceeded \$500 limit  Final Report (Attach C/OH-FR)  PERIOD COVERED  Month Day Year 01/16/2018  THROUGH  DELECTION DATE Month Day Year O5/05/2018  ELECTION TYPE Month Day Year O5/05/2018  ELECTION TYPE Month Day Year O5/05/2018  THROUGH  DELECTION TYPE Month Day OFFICE OFFICE SOUGHT (if known) Georgetown ISD Board of Trustee Place 7 Deorgetown Georgetown Georgetown	TREASURER	RER	Self. 1		
COVERED  01/16/2018  THROUGH  03/26/2018  DELECTION DATE  Month Day Year  05/05/2018  Delection Date  Month Day Year  05/05/2018  X General  12 OFFICE SOUGHT (if known)  Georgetown ISD Board of Trustee Place 7 Delection					15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
Month Day Year Primary Runoff Other  05/05/2018 X General Special  1 OFFICE OFFICE HELD (if any)  12 OFFICE SOUGHT (if known)  Georgetown ISD Board of Trustee Place 7 D  Georgetown		` '	THROUGH		Year
Georgetown ISD Board of Trustee Place 7 E	D ELECTION .	Month Day Year		Runoff	Other
	OFFICE	OFFICE HELD (if any)		Georgetown ISD B	soard of Trustee Place 7 District
GO TO PAGE 2  APR 0 5 2018  This provided by Texas Ethics Commission www.ethics.state.tx.us			GO TO PAGE 2		APR 0 5 2018

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

				2 of 10
C / OH NAME	Wllson, Jaquita	1	4 Filer ID	
NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officenoider	political contributions accepted or political expenditure.  These expenditures may have been made without the address of the description of the contribution of the contributions accepted or political expenditure.	e candidate's or officehold	der's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			*
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
				-
CONTRIBUTION	1 TOTAL BOLLTIO		-	
CONTRIBUTION OTALS	1. TOTAL POLITIC LOANS, OR GU	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ARANTEES OF LOANS), UNLESS ITEMIZED	AN PLEDGES, \$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,330.00
XPENDITURE OTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	EMIZED \$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES	\$	252.39
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LASTRIOD	T DAY OF THE \$	1,062.52
OUTSTANDING OAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	THE LAST DAY \$	0.00
AFFADAVIT		I swear, or affirm, under penalty of true and correct and includes all inf under Title 15, Election Code.	perjury, that the accompa formation required to be r	anying report is eported by me
	CARMEN DOMEL HOTARY PUBLIC - STATE OF TEXAS 10# 1 1 8 8 9 8 8 8 COMB. EXP. 02-29-2020	Az. h	ndidate or Officeholder	
AFFIX NO	FARY STAMP / SEAL ABO	DVE CONTRACTOR		ei is
Sworn to and subso	ribed before me, by the sa	rtify which, witness my hand and seal of office.	, this the 5	day
Course of office	er administering	Carmen Dome!	Sec to Politice admir	of Trust
	vas Ethios Commission	-		

	TE / OFFICEHO N FINANCE RE					FORM C/OH SHEET PG 1
The C/OH Instruction	Guide explains how to co	mplete this form.	. Filer ID		2 Total pages f	filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Jaquita		МІ		USE ONLY
	NICKNAME	LAST	***************************************	SUFFIX	Date Received	
- 1 1		Wilson		001117		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; A 1031 Drovers Cove	APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered of Receipt #	or Date Postmarked
Change of Address	Georgetown, TX 78626	5			Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST		MI		
	NICKNAME	LAST		SUFFIX		
CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO	PO BOX PLEASE);	АРТ	/ SUITE #; CITY;	STA	ATE; ZIP CODI
CAMPAIGN TREASURER PHONE	AREA CODE PH	ONE NUMBER EXT	ENSION			
REPORT TYPE	January 15 July 15	X 30th day before elect		Runoff Exceeded \$500 limit	15th day after can appointment (offic	eholder only)
PERIOD COVERED	Month Day Yea 01/16/2018	THRO	UGH	Month Day 03/26/2018	Year 3	
D ELECTION	ELECTION DATE Month Day Year 05/05/2018	Prima X Gener	1 <b>3</b> 70	ELECTION TYPE Runoff Special	Other	
L OFFICE	OFFICE HELD (if any)	L		12 OFFICE SOUGHT ( Georgetown ISD I Georgetown	. <u>-</u> 0	Place 7 District
		до то г	PAGE 2			
rms provided by Texa	as Ethics Commission	www.ethics	state.tx.us			Version V1.0.61

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

				2 of 10
13 C / OH NAME	Wilson, Jaquita	, ,	14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officenoider.	political contributions accepted or political These expenditures may have been mad officeholders are required to report this	de without the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	R NAME	
		COMMITTEE CAMPAIGN TREASURER	RADDRESS	
16 CONTRIBUTION	TOTAL POLITIC	L CONTRIBUTIONS OF \$50 OR LESS	OTHER THAN RIFRESS	T
TOTALS	LOANS, OR GUA	RANTEES OF LOANS), UNLESS ITEM	ZED	\$ 0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES C	OF LOANS)	\$ 1,330.00
EXPENDITURE TOTALS	3. TOTAL POLITICA	L EXPENDITURES OF \$100 OR LESS,	UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITIC	L EXPENDITURES		\$ 252.39
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	L CONTRIBUTIONS MAINTAINED AS CRIOD	OF THE LAST DAY OF THE	<b>\$</b> 762.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPA OF THE REPORT	L AMOUNT OF ALL OUTSTANDING LO ING PERIOD	DANS AS OF THE LAST DAY	\$ 0.00
17 AFFADAVIT				<u> </u>
		l swear, or affirm, und true and correct and ir under Title 15, Electio	er penalty of perjury, that the accorncludes all information required to be n Code.	mpanying report is be reported by me
		Sig	nature of Candidate or Officeholde	
		Sig	riature of Carididate of Officeriolde	I*
AFFIX NOT	'ARY STAMP / SEAL ABO	/E		
Sworn to and subsci	ribed before me, by the sa	1	, this the	day
		ify which, witness my hand and seal of o		•
Signature of office	er administering	Printed name of officer administering	Title of officer ac	lministering oath

## SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 3 of 10 18 FILER NAME 19 Filer ID Wilson, Jaquita 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1,330.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 252.39 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER Forms provided by Texas Ethics Commission www.ethics.state.tx.us

Version V1.0.6153

	MONET	TARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	LE A1
	The Instru	uction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/10	
2	FILER NAME	<u> </u>		3	Filer ID	
	Wilson, Jaq	ļuita	1	-	FILELID	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	03/17/2018	Cross, Ginelle				\$75.00
		6 Contributor address; City; State; Zip Code				NS Special Control
		2001 Clear Creek Dr	!			
			!			
_		Little Elm, TX 75068		L		
8	Principal occu Tax analyst		Employer (See Instructions)     Alright	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/18/2018					\$150.00
	,	Contributor address; City; State; Zip Code				
	1	219 Fieldstone Dr	1			
	1	Georgetown, TX 78633				
_	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<del>,                                    </del>		
	retired	pariety out and (ess measure)	none (See Instructions)	,		
-	Date	Full name of contributor Out-of-state PAC (ID#:_	) ]	=	Amount of Contribution (\$)	
	03/09/2018	Deuser, James			Attour of Continuence (-)	\$500.00
	1	Contributor address; City; State; Zip Code	***************************************			
	!	747 Armstrong Dr				
	J		e			
_		Georgetown, TX 78633				
	Principal occup Retired / none	upation / Job title (See Instructions)	Employer (See Instructions)		2 - Street Street Street Street Street	
			n/a	_		
	Date 03/19/2018	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	03/19/2010	Harris, Steven				\$25.00
	1	Contributor address; City; State; Zip Code	1			
	J	909 Apache Mountain Ln				
		Georgetown, TX 78633				
		pation / Job title (See Instructions)	Employer (See Instructions)	_		
_	retired		none			
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
-	03/17/2018	McLean, Ellen				\$20.00
		Contributor address; City; State; Zip Code				9
		700 County Road 370				
		Jarrell, TX 76537				
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	_		
	Retired / none	TO A PARAMETER CONTROL OF THE STATE OF THE S	none			
				_		
						,

ILER NAME Vilson, Jaqu	etion Guide explains how to complete this fo	orm.	1	Total pages Schedule A1:	
Vilson, Jaqu				Sch: 2/3 Rpt: 5/10	
	• 25	3	Filer ID		
late l					
3/19/2018	5 Full name of contributor out-of-state PAC (ID#: Ranco, Robert		7	Amount of Contribution (\$)	\$200
	6 Contributor address; City; State; Zip Code 3421 De Torres Cr				
	Round Rock, TX 78665				
rincipal occur awyer	ation / Job title (See Instructions)	9 Employer (See Instructions) Komie & Morrow, LLP	)		
ate 3/23/2018	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.
	Hutto, TX 78634				
rincipal occup ealtor	ation / Job title (See Instructions)	Employer (See Instructions) self			
ate	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
3/19/2018					\$100.
	Georgetown, TX 78628				
incipal occup	ation / Job title (See Instructions)	Employer (See Instructions) none			
ate 8/16/2018				Amount of Contribution (\$)	\$100.0
	Contributor address; City; State; Zip Code 360 River Chase Blvd				
			_		
		Employer (See Instructions) n/a			
ite	Full name of contributor out-of-state PAC (ID#:	)	_	Amount of Contribution (\$)	
/18/2018	Switzer, Christina				\$20.0
l'''	Contributor address; City; State; Zip Code				
	c/o P O Box 1462				
	Georgetown, TX 78627				
ncipal occupa ired none	tion / Job title (See Instructions)	Employer (See Instructions) none			
	ate 3/23/2018 rincipal occupation occupa	Rickel, Pam  Contributor address; City; State; Zip Code 108 Whitetail Lane Hutto, TX 78634  Incipal occupation / Job title (See Instructions)  Relator  Requemore, Suzanne  Contributor address; City; State; Zip Code 228 Cimarron Hills Trail East Georgetown, TX 78628  Incipal occupation / Job title (See Instructions)  Sinchack, Virginia  Contributor address; City; State; Zip Code 360 River Chase Blvd Georgetown, TX 78628  Incipal occupation / Job title (See Instructions)  Sinchack, Virginia  Contributor address; City; State; Zip Code 360 River Chase Blvd Georgetown, TX 78628  Incipal occupation / Job title (See Instructions)  Stired / none  Incipal occupation / Job title (See Instructions)  Stired / none  Incipal occupation / Job title (See Instructions)  Contributor address; City; State; Zip Code c/o P O Box 1462 Georgetown, TX 78627  Incipal occupation / Job title (See Instructions)	Atle   Full name of contributor   out-of-state PAC (ID#:	Rickel, Pam  Contributor address; Ciry; State; Zip Code 108 Whitetail Lane Hutto, TX 78634  Full name of contributor ate 3/19/2018  Full name of contributor address; City; State; Zip Code 228 Cimarron Hills Trail East Georgetown, TX 78628  Incipal occupation / Job title (See Instructions)  The full name of contributor out-of-state PAC (ID#:  Sinchack, Virginia Contributor address; City; State; Zip Code 360 River Chase Blvd Georgetown, TX 78628  Incipal occupation / Job title (See Instructions)  The full name of contributor out-of-state PAC (ID#:  Sinchack, Virginia Contributor address; City; State; Zip Code 360 River Chase Blvd Georgetown, TX 78628  Incipal occupation / Job title (See Instructions)  The full name of contributor out-of-state PAC (ID#:  Sinchack, Virginia Contributor address; City; State; Zip Code 360 River Chase Blvd Georgetown, TX 78628  Incipal occupation / Job title (See Instructions)  The full name of contributor out-of-state PAC (ID#:  Switzer, Christina Contributor address; City; State; Zip Code c/o P O Box 1462  Georgetown, TX 78627  Incipal occupation / Job title (See Instructions)  Employer (See Instructions)	ate   Full name of contributor   out-of-state PAC (ID#:     Amount of Contribution (\$)

	MONET	SCHEDULE A1					
	The Instruc	Total pages Sched Sch: 3/3 Rpt: 6/1					
2	FILER NAME SWIIson, Jaquita STATES ST				Filer ID		
4					Amount of Contribu	rtion (\$)	\$40.00
8	Principal occup	oation / Job title (See Instructions)	9 Employer (See Instructions none	)	· · · · · · · · · · · · · · · · · · ·	· ·	-
Or	ms provided h	y Texas Ethics Commission www.ethics	state.tx.us			Version V1	0.615

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explain	s how to complete this form.	•
1 Total pages Schedule F1:			3 Filer ID
Sch: 1/4 Rpt: 7/10	Wilson, Jaquita		
4 Date	5 Payee name		
03/20/2018	D & L Printing		
6 Amount (\$)	7 Payee address; City; Stati	e; Zip Code	
\$51.71	P O Box 210		
\$12700.52700-1907	sir Service and the design of the dispersion		
	Georgetown, TX 78527		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
EXPENDITURE	Printing Expense	Check if travel	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		campaign flye	=15
9 Complete ONLY if direct			
Complete ONLY if direct expenditure to benefit C/OF		Office sought	Office held
Date	Payee name		
03/14/2018	Hello Sweetie BBQ		
Amount (\$)	Payee address; City; State	e; Zip Code	
\$30.20	2200 W Austin Ave		
	Suite 101		
	Georgetown, TX 78626		
PURPOSE OF	(a) Category (See Categories listed at the top of this sol		
EXPENDITURE	Food/Beverage Expense		outside of Texas. Complete Schedule T. TX, officeholder living expense
		campaign lune	
		campaign tall	on meeting
Complete ONLY if direct	Candidate/Officeholder name	O#ion any abd	011111
expenditure to benefit C/OH		Office sought	Office held
Date	Payee name		
03/18/2018	Pay Pal		
Amount (\$)	Payee address; City; State	; Zip Code	
\$20.75	P O Box 1056508		
	Atlanta, GA 30348		
DUDDOCE		Ta.;	
PURPOSE OF	(a) Category (See Categories listed at the top of this sch		
EXPENDITURE	Accounting/Banking		utside of Texas. Complete Schedule T. TX, officeholder living expense
		debit processi	# # # # # # # # # # # # # # # # # # #
		acon processi	···ອ
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office hold
expenditure to benefit C/OH	Canadate/Officerioldel Hattle	omce sought	Office held

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politic	By - cal Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explain	s how to com	plete this form.		, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1: Sch: 2/4 Rpt: 8/10	2 FILER NAME Wilson, Jaq				3	Filer ID
L	Date 03/17/2018	5 Payee name Simmer Do			•		
6	Amount (\$) \$30.00	7 Payee addres 4701-1 Willia Georgetowr	ajms Dr	te; Zip Cod	е		
8	PURPOSE OF EXPENDITURE	The second contract of	re Categories listed at the top of this s age Expense	chedule) (I		TX, c	e of Texas. Complete Schedule T. Ifficeholder living expense I lunch
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office H	ceholder name	Office sough	t		Office held
	Date	Payee name					
	03/16/2018	Star Coffee					
	Amount (\$) \$8.88	Payee addres 201 Main St Suite 101 Round Rock		e; Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Food/Bevera	e Categones listed at the top of this sc age Expense	hedule) (b		TX, of	of Texas. Complete Schedule T. ficeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office sough			Office held
	Date 03/14/2018	Payee name U S Postal S	ervice				
	Amount (\$) \$35.00	Payee address 2300 Scenic Georgetown,	Dr	e; Zip Code			
	PURPOSE			Ins			
	OF EXPENDITURE		Categories listed at the top of this sci ead/Rental Expense	nedule) (D			of Texas. Complete Schedule T. iceholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name (	Office sought			Office held

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Dayards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Legisla a salegopy pot listed above)

	Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
L	Sch: 3/4 Rpt: 9/10	Wllson, Jaquita
4	Date	5 Payee name
	03/20/2018	Williamson Co Democrat Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	P O Box 1296
		Georgetown, TX 78627
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LIVETIONE	Check if Austin, TX, officeholder living expense
		convention meal
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/16/2018	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.85	235 W 23rd St
		New York, NY 10001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Web site fees
		web site lees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	02/27/2018	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.50	235 W 23rd St
	9	New York, NY 10001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		web site fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to beliefit C/OF	

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense Cal Committee Food/Beverage Expense Printing Expense Cal Committee Food/Beverage Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
L				plains how to com				
1	Total pages Schedule F1:	1				3 Filer ID		
L	Sch: 4/4 Rpt: 10/10	Wilson, Ja	aquita					
4	Date	5 Payee nam	ie					
	03/15/2018	Wix						
6	Amount (\$) \$24.50	7 Payee add 235 W 23 New York		State; Zip Code				
8	PURPOSE OF EXPENDITURE	(a) Category Office Ove	See Categones listed at the top of erhead/Rental Expense	this schedule) (b		uside of Texas. Complete Schedule T. IX, officeholder living expense		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/O	fficeholder name	Office sough		Office held		